

FILED APR 27 1948

Registration District No.

Primary Registration District No. 3000

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Laughlin Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Life
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
 (c) City or town Kirkville
(If outside city or town limits, write "RURAL")
 (d) Street No. 716 E. Pierce
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Robert Otho Yowell

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced. Married
 6. (b) Name of husband or wife Edna Douglas 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased Feb. 25 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>1</u>	<u>14</u>	br. min.

9. Birthplace Adair County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Manager, Producers Creamery

11. Industry or business

12. Name Henry L. Yowell

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Farmer

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Yowell

(b) Address Kirkville, Missouri

17. (a) Burial (b) Date thereof 4/11/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hills Cmt.

18. (a) Signature of funeral director Wm. R. Dees Riley Funeral Home

(b) Address Kirkville, Missouri

19. (a) 4-19-48 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
 year 1948 hour 6:00 minute A: M.

21. I hereby certify that I attended the deceased from March 29 1948 to April 9 1948
 that I last saw him alive on April 9 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular collapse

Due to Paralytic ileus Duration 7 day

Due to Hepatitis & gall bladder surgery

Other conditions left apic deviation & coronary artery disease

Major findings: Hepatitis, splenic & liver
 Of operations gall stones, adhesions

Of autopsy 126

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? Home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 2

While at work? 2 (Specify type of place)

(e) Means of injury

23. Signature Carl Hauptmann (M.D. or other) D.O.
 Address Kirkville, Mo Date signed 4-9-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

JAN 1 1 1955

MAY 1 1 1948

RECEIVED
District Health Officer No. 10
District File Number 4-48-755
Date Filed APR 26 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Jack L. Dooley

Registered Apprentice No. 222

working under my personal supervision.

Signed.....

Dee Riley

Licensed Embalmer No. 4181

P. O. Address. Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.